PART B - FEE(S) TRANSMITTAL

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	APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVEN		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/725,128		William Ferrara		•	M100317	2622		
TITLE OF INVENTION: MULTIPLE JAW MACHINING VISE .									
	APPLN. TYPE	APPLN. TYPE SMALL ENTITY IS		FEE PUE		BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional			\$700 \$0 ART UNIT CLASS-SUB		\$0	\$700	03/10/2005	
	EXA					ASS-SUBCLASS			
	WILSO			3 269-154000					
	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorney or agents OR, alternatively, (2) the name of a single firm (having as a member registered attorney or agent) and the names of up to 3 registered patent attorney or agents OR, alternatively, (2) the name of a single firm (having as a member registered patent attorney or agents OR, alternatively, (2) the name of a single firm (having as a member registered patent attorney or agents OR, alternatively, (2) the name of a single firm (having as a member registered patent attorney or agents OR, alternatively, (3) the name of a single firm (having as a member registered patent attorney or agents OR, alternatively, (3) the name of a single firm (having as a member registered patent attorney or agents OR, alternatively, (4) the name of a single firm (having as a member registered patent attorney or agents OR, alternatively, (4) the name of a single firm (having as a member registered patent attorney or agents OR, alternatively, (4) the name of a single firm (having as a member registered patent attorney or agents OR, alternatively, (4) the names of up to 3 registered patent attorney or agents OR, alternatively, (4) the name of a single firm (having as a member registered attorney or agents OR, alternatively, (4) the name of a single firm (having as a member registered attorney or agents OR, alternatively, (5) the name of a single firm (having as a member registered patent attorney or agents OR, alternatively, (5) the name of a single firm (having as a member registered attorney or agents OR, alternatively, (6) the name of a single firm (having as a member registered attorney or agents OR, alternatively, (IN S. BLUM	
	ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed fo recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
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	Please check the appropriate assignee category or categories (will not be printed on the patent):								
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	Authorized Signature	alinia &.	Blum			Date / Z	131 /2004		
	Typed or printed name _	ALVIN S	BLUA	1	-	Registration	No. 30, 44	8	
	This II 4: 6: - 6 4:	ion is required by 37 CFR 1 3	11.776 - 1.6		1			II il Honro	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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